

DIGITAL EVIDENCE CHAIN OF CUSTODY FORM

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Your Address Here

Case / Concern Number:		Date:	
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Person Delivering Evidence:		Signature:	
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Date Evidence Received:		Time Evidence Received:	
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Item #	Owner or person taken from	Description of Device (brand/model, serial # if available)	Location Stored
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Item #	Released To	Date/Time	Signature

Person Accepting Evidence:		Signature:	
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